

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041272

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10509

STATE FILE NUMBER

FILED OCT 31 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in lb

10 Days

c. FULL NAME OF (If NOT in hospital, give location)

Jewish Hospt.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

University City

d. STREET

ADDRESS

(If outside, give location)

1050 Sutter Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Fannie

Mae

Burton

4. DATE

OF

DEATH

Month

Day

Year

10-21-63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-19-1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Tenn.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

UNK O'Connor

13b. MOTHER'S MAIDEN NAME

Unk

14. NAME OF HUSBAND OR WIFE

Miles Burton Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Joe. Hatfield 6744 Marmaduke

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

NATURAL CAUSE

Cause unknown

DUE TO (b)

DUE TO (c)

172x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Endometrium, CARCINOMA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 16 '63 to Oct. 21 and last saw her alive on Oct. 20 '63.

Death occurred at 12:1 AM - Oct. 21 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Deborah Monat M.D.

22b. ADDRESS

4511 Forest Park

22c. DATE SIGNED

10-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-23-1963

23c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

J.W. Clark F.H. 1125 Hodiamont Ave.

25. DATE RECD. BY LOCAL REG.

OCT 22 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

Mr. Seymour Throat
4511 Forest Park
301-3450
9AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____ Signed W E Morris
Signature of Student Embalmer

Licensed Embalmer No. 3360
P.O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.